

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Dermatology Association Political Action Committee

ADDRESS (number and street)

1350 I St NW

Ste 870

Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00359539

3. IS THIS
REPORTNEW
(N)**OR**AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Quarterly Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

11

01

2007

through

11

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Steven Debnar

Signature of Treasurer

Electronically Filed by Steven Debnar

Date

12

07

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	1	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2007		178898.71
(b) Cash on Hand at Beginning of Reporting Period	230080.73	
(c) Total Receipts (from Line 19)	32260.00	323316.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	262340.73	502214.71
7. Total Disbursements (from Line 31)	5601.37	245475.35
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	256739.36	256739.36
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period:

From:

M M
1 1D D
0 1Y Y Y Y
2 0 0 7

To:

M M
1 1D D
3 0Y Y Y Y
2 0 0 7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	25555.00	268501.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	5705.00	53815.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	31260.00	322316.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	31260.00	322316.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	32260.00	323316.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	32260.00	323316.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1101.37	5975.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	1101.37	5975.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	237500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	2000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	2000.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5601.37	245475.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	5601.37	245475.35

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	31260.00	322316.00
34. Total Contribution Refunds (from Line 28(d))	0.00	2000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31260.00	320316.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1101.37	5975.35
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1101.37	5975.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Michelle Algarin Mailing Address 451 Jasmine St City Laguna Beach State CA Zip Code 92651-1615 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 11 / 28 / 2007 Transaction ID: f56aedcf6101ac753f6 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Arash Asadi Mailing Address 5820 Charlotte St City Houston State TX Zip Code 77005-2414 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt MM / DD / YYYY 11 / 29 / 2007 Transaction ID: 9a90ab9f8e1140ecdc7 Amount of Each Receipt this Period 750.00
C. Full Name (Last, First, Middle Initial) Garin Barth Mailing Address 1521 Webb Rd City West Point State GA Zip Code 31833-4859 FEC ID number of contributing federal political committee. C Name of Employer West Georgia Dermatology Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt MM / DD / YYYY 11 / 21 / 2007 Transaction ID: 82af48ad07ce1703c5f Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Diane Bernardi
Mailing Address 12277 County Road E35

City State Zip Code
Bryan OH 43506-8309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Community Health
Assoc.

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: a0f534662e94c6f8f2a

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Jeffrey Binstock
Mailing Address Ste 905
22 Battery St

City State Zip Code
San Francisco CA 94111-5523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 0 7

Transaction ID: d98b4d598d1b96b3753

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Sally Booth
Mailing Address 2775 S 875 E

City State Zip Code
Zionsville IN 46077-9429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Booth Dermatology Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: 6c4122a70c75d8e23b6

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

James Brazil

Mailing Address Ste A

424 Lilly Rd NE

City

Olympia

State

WA

Zip Code

98506-5132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: 27572acf66ff1f72282

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

Suzanne Bruce

Mailing Address Ste 650

1900 Saint James Pl

City

Houston

State

TX

Zip Code

77056-4132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: 308cee728db2d4bfe16

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Misty Caudell

Mailing Address 1097 Glenwood Dr

City

Gainesville

State

GA

Zip Code

30501-2315

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Associates of
Northeast Ge

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: c2eed52ef03c0313177

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Donald Clemons Mailing Address 720 Harbor Point Dr City Johnson City State TN Zip Code 37615-2963 FEC ID number of contributing federal political committee. C Name of Employer Tri-Cities Skin and Cancer Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: f178c577cc1a7b25e48 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	2	/	2	0	0	7	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	1	2	/	2	0	0	7														
500.00																							
B. Full Name (Last, First, Middle Initial) Karen Collishaw Mailing Address 1350 I St NW Ste 870 City Washington State DC Zip Code 20005-3387 FEC ID number of contributing federal political committee. C Name of Employer American Academy of Dermatology Occupation association management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 879B35B8-AD54-4F54- Amount of Each Receipt this Period <table border="1"> <tr> <td>300.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	3	0	/	2	0	0	7	300.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	3	0	/	2	0	0	7														
300.00																							
C. Full Name (Last, First, Middle Initial) Michael Dans Mailing Address Apt 16 1826 Broderick St City San Francisco State CA Zip Code 94115-2444 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Dermatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: ec54ff7c6b895e9efb9 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	9	/	2	0	0	7	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	2	9	/	2	0	0	7														
250.00																							

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Teresa DeGiacomo

Mailing Address 338 Lincoln St

City State Zip Code
 Norwell MA 02061-1247

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Coast Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 2 / 2 0 0 7

Transaction ID: 92e3a497adac9cb4fbb

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Daniel Foitl

Mailing Address 445 E 58th St

City State Zip Code
 New York NY 10022-2302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sutton Place Dermatology

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 8 / 2 0 0 7

Transaction ID: 8b9e0e0cd9e5362acab

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Scott Glazer

Mailing Address 2839 Woodmere Dr

City State Zip Code
 Northbrook IL 60062-6446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 2 / 2 0 0 7

Transaction ID: 2edd8c5bf684272d5e6

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Lee Grafton Mailing Address 765 Highway 308 City Thibodaux State LA Zip Code 70301-7903 FEC ID number of contributing federal political committee. C Name of Employer Grafton Dermatology Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7 Transaction ID: 50cb89256d3b7b13e66 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Robert Greenberg Mailing Address Ste 130 5201 Norris Canyon Rd City San Ramon State CA Zip Code 94583-5410 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Dermatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7 Transaction ID: 9da1f9d269622c83bc0 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Hubert Greenway Mailing Address PO Box 946 City Rancho Santa Fe State CA Zip Code 92067-0946 FEC ID number of contributing federal political committee. C Name of Employer Scripps Clinic Occupation Dermatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 7 Transaction ID: ed54c8253b9a993a7f6 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 12 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anna Guanche

Mailing Address 24948 Lorenzo Ct

City State Zip Code
 Calabasas CA 91302-3088

FEC ID number of contributing federal political committee.

C

Name of Employer
Bella Skin InstituteOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 2 / 2 0 0 7

Transaction ID: 99000a08e2e505bb67c

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Marshall Guill

Mailing Address 918 Littleton St

City State Zip Code
 Augusta GA 30904-6122

FEC ID number of contributing federal political committee.

C

Name of Employer
Augusta Dermatology Assoc-
iatesOccupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 8 / 2 0 0 7

Transaction ID: c1570dd77d360b3abbc

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Andrew Herbst

Mailing Address Apt 3L
401 E 81st St

City State Zip Code
 New York NY 10028-5813

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 8 / 2 0 0 7

Transaction ID: de18d046b1e3de9a6e7

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Floyd Howsden Mailing Address 825 Apple Hill Dr City State Zip Code Allen TX 75013-3339 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7 Transaction ID: 03017777e4d0584927c Amount of Each Receipt this Period 365.00
B. Full Name (Last, First, Middle Initial) John Huber Mailing Address 620 S Belvedere Blvd City State Zip Code Memphis TN 38104-5004 FEC ID number of contributing federal political committee. C Name of Employer Memphis Dermatology Clinic Occupation Dermatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7 Transaction ID: 2b3d5b703dc1c2fc4d8 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Robert Hudson Mailing Address 709 Eaton Ln City State Zip Code Laredo TX 78041-2837 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7 Transaction ID: eae6fd10e6300a3457e Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Tim Ioannides Mailing Address 1340 Olde Doubloon Dr City State Zip Code Vero Beach FL 32963-2455 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7 Transaction ID: 94aec6d2786b7194c85 Amount of Each Receipt this Period 100.00
B. Full Name (Last, First, Middle Initial) Bennett Johnson Mailing Address 8218 Westminster Rd City State Zip Code Elkins Park PA 19027-1409 FEC ID number of contributing federal political committee. C Name of Employer University of Pennsylvania Hospital Occupation Dermatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 7 Transaction ID: 4a35546bd6a4eb970fe Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Nora Kachaturoff Mailing Address 707 Trombley Rd City State Zip Code Grosse Pointe Park MI 48230-1845 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 7 Transaction ID: a43e0520aa6aeb62dc2 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Indira Krishnarao Mailing Address 1400 Hidden Lakes Dr NE City State Zip Code Warren OH 44484-4148 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Dermatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7 Transaction ID: d71b9760e9ccf6a53ef Amount of Each Receipt this Period 750.00
B. Full Name (Last, First, Middle Initial) Catherine Laughlin Mailing Address 4715 S Kimbrough Ave City State Zip Code Springfield MO 65810-1853 FEC ID number of contributing federal political committee. C Name of Employer Ferrell-Duncan Clinic Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7 Transaction ID: 39adfc16623d2b2b32d Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Susana Leal-Khoury Mailing Address 478 Bay Ln City State Zip Code Key Biscayne FL 33149-1702 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 7 Transaction ID: 2c7cb07b22d88504a44 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Stuart Leicht		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address FI 2 325 S North St		Transaction ID: cb38a0fa4d3052b1909
City Johnson City	State TN	Zip Code 37604-5164
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ETSU	Occupation Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
B. Full Name (Last, First, Middle Initial) John Lepage		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7
Mailing Address 972 Yankee Trace Dr		Transaction ID: 2c0b2a5601e1787ee09
City Centerville	State OH	Zip Code 45458-4083
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
C. Full Name (Last, First, Middle Initial) Gary Lichten		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 2 / 2 0 0 7
Mailing Address 3789 Mapleleaf HI		Transaction ID: ea76124aec6dd35c277
City Akron	State OH	Zip Code 44333-8311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		865.00
TOTAL This Period (last page this line number only)		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Bobby Limmer		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7
Mailing Address Ste 210 14615 San Pedro Ave		Transaction ID: b27a281b28228a9cba8
City San Antonio	State TX	Zip Code 78232-4374
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Mark Ling		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 7
Mailing Address 393 Mill Creek Bnd NE		Transaction ID: 5ac4d58e439e9a692ba
City Atlanta	State GA	Zip Code 30307-1176
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Newnan Deramtolgy	Occupation Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Morgan Magid		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address Ste E 1661 Soquel Dr		Transaction ID: f36c103a5302002a9fa
City Santa Cruz	State CA	Zip Code 95065-1709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Gary McCracken Mailing Address 8031 E Mercer Ln City State Zip Code Scottsdale AZ 85260-6563 FEC ID number of contributing federal political committee. C Name of Employer North Scottsdale Dermatol- ogy Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7 Transaction ID: 60115083600f86e7eea Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mary McTigue Mailing Address 3801 Rachels Gln City State Zip Code Bloomington IN 47408-9676 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7 Transaction ID: d7a5f60724f46c20b51 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Elizabeth Miller Mailing Address 3015 Kisdon Hill Dr City State Zip Code Waukesha WI 53188-3933 FEC ID number of contributing federal political committee. C Name of Employer Waukesha Medical Centers Occupation Dermatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 7 Transaction ID: 17a3f39b3e7c77922da Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Richard Miller		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7
Mailing Address 6 Tallmadge Gate		
City	State	Zip Code
Setauket	NY	11733-1418
FEC ID number of contributing federal political committee.		Transaction ID: b875cf4a82e6c450c06
Name of Employer Self Employed		Amount of Each Receipt this Period 500.00
Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Robert Nagy		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address Ste 302 560 Van Reed Rd		
City	State	Zip Code
Wyomissing	PA	19610-1799
FEC ID number of contributing federal political committee.		Transaction ID: ab0cb209ecf6dc1ef50
Name of Employer Self Employed		Amount of Each Receipt this Period 250.00
Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Rube Pardo		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 7
Mailing Address 1828 Ponce De Leon Blvd		
City	State	Zip Code
Coral Gables	FL	33134-4419
FEC ID number of contributing federal political committee.		Transaction ID: b9d36bddef97c95b908
Name of Employer Self Employed		Amount of Each Receipt this Period 500.00
Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Margaret Parsons Mailing Address Ste 600 5340 Elvas Ave City Sacramento State CA Zip Code 95819-2385 FEC ID number of contributing federal political committee. C Name of Employer Dermatology Consultants Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7 Transaction ID: 78BE5051-EADA-48D1- Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Margaret Parsons Mailing Address Ste 600 5340 Elvas Ave City Sacramento State CA Zip Code 95819-2385 FEC ID number of contributing federal political committee. C Name of Employer Dermatology Consultants Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7 Transaction ID: AE668F2A-A158-48DA- Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Earl Pearson Mailing Address PO Box 1408 City Porterville State CA Zip Code 93258-1408 FEC ID number of contributing federal political committee. C Name of Employer Physician Occupation Dermatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 2 / 2 0 0 7 Transaction ID: 03b42e407866a988c1c Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. James Petrin

Mailing Address 11613 134th Avenue Ct E

City

Puyallup

State

WA

Zip Code

98374-5046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 0 7

Transaction ID: 723f01b0ebba7e7bb75

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Trisha Prossick

Mailing Address 9127 Constance St

City

Lenexa

State

KS

Zip Code

66215-3063

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Dermatology Asso-
ciates

Occupation

Dermatologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 0 / 2 0 0 7

Transaction ID: 9e9514fb131cfb234e3

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Cynthia Rogers

Mailing Address Apt 202
512 7th Sq

City

Vero Beach

State

FL

Zip Code

32962-1611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 0 7

Transaction ID: 23040d7b83f943dce8f

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Matthew Shaffer Mailing Address 23 Crestview Dr City Salina State KS Zip Code 67401-3587 FEC ID number of contributing federal political committee. C Name of Employer Heartland Dermatology Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7 Transaction ID: 13ec086a62ecd0ac3bc Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Sheldon Shore Mailing Address 2233 Vermont St City Quincy State IL Zip Code 62301-3161 FEC ID number of contributing federal political committee. C Name of Employer Quincy Medical Group Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 2 / 2 0 0 7 Transaction ID: ed529c61f1c8f8061c1 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Nancy Silverberg Mailing Address 25441 Wagon Wheel Cir City Laguna Hills State CA Zip Code 92653-5838 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Dermatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7 Transaction ID: d87db0edebd174449da Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 23 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) David Smack Mailing Address 22620 Handy Point Rd City Chestertown State MD Zip Code 21620-4017 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7 Transaction ID: 0f0d55ccd17cffbdc35 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mark Taylor Mailing Address 1549 Vineyard Dr City Bountiful State UT Zip Code 84010-1333 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Dermatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7 Transaction ID: f27866ba0e75d4c0fe6 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) William Patrick Teer Mailing Address 215 Bascom Rd City Jackson State TN Zip Code 38305-8802 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7 Transaction ID: 546ff2c6eef884f58b3 Amount of Each Receipt this Period 750.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tamra Whiteley-Myers

Mailing Address 5800 N Camino Arturo

City State Zip Code
Tucson AZ 85718-2904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 7

Transaction ID: c17a67f4112704251d7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Barbara Wilson

Mailing Address 4612 N Wilshire Rd

City State Zip Code
Milwaukee WI 53211-1260

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical College of Wisconsin

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 7

Transaction ID: c0f291212841ae6d18f

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jonathan Zirn

Mailing Address 47 Steep Hill Rd

City State Zip Code
Weston CT 06883-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: ee51302a35ab4f3016c

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

25555.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 28

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
People for Pete Domenici

Mailing Address Post Office Box 93656

City State Zip Code
 Albuquerque NM 87199

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 6 / 2 0 0 7

Transaction ID: 18898-59356325864792

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Amex Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: V21454-9283105731010

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

271.15

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Contribution

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: V21454-8279382586479

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

7.33

Full Name (Last, First, Middle Initial)

C. Merchant Services

Mailing Address PO Box 6603

City
Hagerstown

State
MD

Zip Code
21741-6603

Purpose of Disbursement
Contribution

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: V21454-7447015643119

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

136.95

SUBTOTAL of Disbursements This Page (optional)

415.43

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Merchant Services

Mailing Address PO Box 6603

City
Hagerstown

State
MD

Zip Code
21741-6603

Purpose of Disbursement
VS/MC Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: V21454-7292138934135

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

685.94

SUBTOTAL of Disbursements This Page (optional)

685.94

TOTAL This Period (last page this line number only)

1101.37

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Dave Weldon

Mailing Address 2525 Aurora Road
Suite 2

City Melbourne State FL Zip Code 32935

Purpose of Disbursement
Contribution

Candidate Name
Dave Weldon

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 15

Transaction ID: 57100-3596917986869

Date of Disbursement

11 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Lot of People for Dave Obey

Mailing Address 525 Washington Street
PO Box 1322

City Wausau State WI Zip Code 54402

Purpose of Disbursement
Contribution

Candidate Name
David Obey

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 07

Transaction ID: 57100-4248163104057

Date of Disbursement

11 / 09 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Rogers for Congress

Mailing Address PO Box 581
Post Office Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement
Contribution

Candidate Name
Mike Rogers

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 08

Transaction ID: 50460-8944055438041

Date of Disbursement

11 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

4500.00